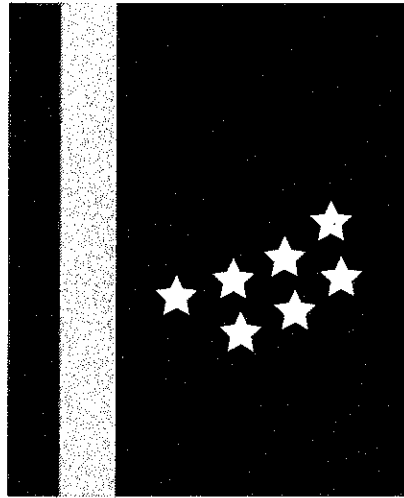


# DURHAM



## 1869

CITY OF MEDICINE

*101 City Hall Annex  
Durham, North Carolina 27701*

### THIRD PARTY ADMINISTRATOR

Workers Compensation

General Liability

Automobile

RFP No. 6-161-14  
Request for Proposal (RFP)

**Date of Issue: June 20, 2014**

## INTRODUCTION

The City of Durham Risk Management Division is seeking proposals from qualified firms interested in serving as the City's Third Party Administrator (TPA) for Workers' Compensation and Liability claims. The contract period for said services is for a period of three (3) years commencing with the date that the award is made, with an option to extend for three additional one (1) year periods (at the City's discretion).

The City's Workers' Compensation and Liability Programs are self funded at retentions level's of \$1.0 million and \$1.5 million respectively. The City contracts with an Occupational Health agency to provide necessary medical treatment for work related injuries. The City has an aggressive "Return to Work" program which includes light duty as well as transitional alternative duty accommodations to ensure injured workers are returned to work as soon as medically possible.

The City's Liability Program will assert Governmental Immunity as a defense where applicable. However, the City recognizes there are claims in which it is in the public interest for the City to resolve claims by waiving immunity. Therefore the City has adopted policies in the form of resolutions, to clearly define those circumstances wherein governmental immunity is waived and consideration of tort claim payments apply.

The City's Risk Management Division is comprised of two (2) safety officers who direct safety related training to assigned departments, a Claims Administrator responsible for claim oversight of the TPA ensuring compliance with City claim standards, along with facilitating the "Return to Work" program, a Risk Management Coordinator responsible for managing divisional administrative processes, oversight of the Occupational Health provider along with assisting the Risk Manager as needed.

The City of Durham employs approximately 2,200 employees in a variety of positions to include but not limited to, public safety, administrative, fire protection, water & sewer service and solid waste collections.

The following information is a four year history of reported Worker's Compensation claims dated July 1, 2009 to June 30, 2013. Incident only cases are included the the annual totals:

	<u>09/10</u>	<u>10/11</u>	<u>11/12</u>	<u>12/13</u>
Med	175	181	193	210
Ind	45	31	56	43
I/O	27	18	17	30

The following information is a four year history of reported General Liability & Auto claims dated July 1, 2009 to June 30, 2013.

	<u>09/10</u>	<u>10/11</u>	<u>11/12</u>	<u>12/13</u>
Gen. Liab.	58	57	58	61
Auto	54	33	38	34

# **RFP PROCESS**

## **INSTRUCTIONS TO BIDDERS**

**The General Statutes of the State of North Carolina, the Charter of the City of Durham, and City Ordinances, in so far as they apply to purchasing and competitive bidding, are made a part hereof.**

**The City reserves the right to reject any or all proposals. It further reserves the right to waive formalities and technicalities in so far as it is authorized to do so where it deems it advisable in protection of the best interest of the City.**

**The City of Durham encourages participation from Minority (MBE), Women (WBE), and Disadvantaged (DBE) business suppliers.**

**All contractors receiving awards must be compliant to the City of Durham procedures, which include obtaining a City of Durham Privilege License. To obtain a Privilege License, call (919) 560-4700 or visit the following web site: <http://durhamnc.gov/ich/as/fin/Pages/Business-Privilege-License.aspx>**

**Bids will be examined promptly after opening with an award made at the earliest possible date. No bids may be withdrawn, however, until 90 days after bid opening date.**

**Submit bids only on the bid proposal form(s) provided herein.**

## **SELECTION CRITERIA**

**The TPA will be selected on the basis of the proposal that is most advantageous to the City. Factors to be considered but not necessarily limited to: response to all requirements listed in this RFP, Risk Management Information Systems (RMIS) access and level of reporting capabilities, the ability to deliver workers' compensation and liability claims services, reliability, responsiveness to special needs, and level of public sector claims experience.**

**\*Although price is a consideration, it will not be the sole factor and the City reserves the right to negotiate fees with the selected TPA.**

## **DELIVERY OF PROPOSALS**

In order to be considered, proposals must be delivered by the date and time specified below.

**Please submit three (3) hard copies and one (1) electronic copy of your proposal no later than 4:00pm, Monday July 21, 2014 to:**

**RFP #6-161-14**

Finance Department, City of Durham  
Purchasing Division  
101 City Hall Plaza Annex  
Durham, NC 27701  
Email: [jonathan.hawley@durhamnc.gov](mailto:jonathan.hawley@durhamnc.gov)

**Address envelope and insert bid number as shown above: It is the responsibility of the bidder to have the bid in this office by the specified time and date of opening. Our office does not take responsibility for any bids not delivered to the Finance Department.**

**\*\*\*\*\*SPECIAL NOTE – PLEASE READ\*\*\*\*\***

**The US Postal Service DOES NOT deliver any mail (US Postal Express Mail, Certified, Priority, Overnight, etc.) to our physical address of 101 City Hall Plaza (Annex).**

## **PROPOSAL FORMAT**

In order for a proposal to be considered by the City, each prospective TPA **MUST** respond to this RFP by submitting all information in the format requested. Responses must be submitted on standard 8 ½ X 11 paper, accompanied by a transmittal letter on the organizations official letterhead and signed by an authorized representative of the organization. The transmittal should indicate the period of time during which the proposal offer is open. The minimum offer period accepted will be five months. Additional format requirements are as follows:

- Record responses directly below each statement or question.
- Electronic copy of the proposal should be in either Microsoft Word or adobe pdf format.
- **Questions/Clarifications related to RFP:**

**All questions related to the RFP are due to the City by June 30, 2014 to :**

**[jonathan.hawley@durhamnc.gov](mailto:jonathan.hawley@durhamnc.gov). Responses to all questions will be posted as an addendum to the RFP on the City's Purchasing website by July 3, 2014**

## **PRESENTATIONS**

Upon review of the proposals submitted, the City will determine the TPA's selected for oral presentations. The proposed presentation format will consist of an oral presentation followed by a demonstration of your RMIS system. Total anticipated time for presentation and demo is 2 ½ hours.

- **Please provide a link to your RMIS system to view prior to scheduled presentation and demo.**

## **RFP TIMELINE**

Questions due to the City regarding RFP .....	June 30, 2014
Response to questions posted.....	July 3, 2014
Proposals due .....	July 21, 2014
Finalist selected by.....	July 23, 2014
Finalist presentation & RMIS demo begin on .....	July 28, 2014
Selection of TPA by.....	August 8, 2014
Service agreement negotiated and effective .....	November 1, 2014

## **OTHER REQUIREMENTS (SDBE)**

### **EQUAL BUSINESS OPPORTUNITY PROGRAM**

It is the policy of the City to provide equal opportunities for City contracting for small firms owned by socially and economically disadvantaged persons doing business in the City's Contracting Marketplace. It is further the policy of the City to prohibit discrimination against any firm in pursuit of these opportunities, to conduct its contracting activities so as to prevent such discrimination, to correct present effects of past discrimination and to resolve complaints of discrimination.

While there are no SDBE participation goals for this project, in accordance with the Ordinance, all contractors are required to provide information requested in the "SDBE Professional Services Forms" package. Proposals that do not contain the appropriate, completed "Professional Services Forms" will be deemed non-responsive and ineligible for consideration. The "Declaration of Performance," "Participation Documentation," Managerial Profile," "Equal Employment Opportunity Statement" and the "Employee Breakdown" documents are required of all contractors. In lieu of "Employee Breakdown," contractors may submit a copy of the current EEO-1 form (corporate basis). Other forms in the package should be used as needed.

Questions concerning Small Disadvantaged Business Enterprise (SDBE) requirements (when applicable) should be directed to the City's Equal Opportunity/Equity Assurance Department, telephone (919) 560-4180.

**\*See Attachment for SDBE Professional Services Forms**

## **SCOPE OF SERVICES**

### **CLAIMS ADMINISTRATION AND RISK MANAGEMENT INFORMATION SYSTEMS**

The TPA will be required to provide all services contained in this section of the RFP, and invites TPA to join with sub-contractors to provide these services.

**Lines of Business Proposed:** Workers Compensation, General Liability and Automobile

#### **I. COMPANY OVERVIEW**

1. How long has your Organization been in the TPA administration business?
2. Do you have experience administering claims for other public entities? If so, how for how many years?
3. Please provide a list of current public sector clients similar to the City of Durham.
4. Your organization must provide evidence of Errors & Omissions and/or Professional Liability Insurance, with limits no less than \$3,000,000 each occurrence/aggregate.
5. Your organization must provide evidence of a current, valid TPA license.
6. What auditing standards does your organization adhere to (e.g., SAS 70)?
7. Please describe your organizations' confidentiality standards.
8. Have any principals or employees ever been accused or convicted of mishandling/misappropriating company funds, or had a lawsuit or Insurance Department complaint brought against them? If yes, what corrective actions have taken place since this event?
9. Do you have a disaster recovery plan?
10. Please provide the name(s), titles(s), address(es), telephone and email address(es) of the individual(s) responsible for responding to this request.

## **II. CLIENT SERVICE**

1. Indicate the name, address, and phone number of the account executive you would assign to this account. Would this be the main contact for all aspects of the required services?
2. Where is your customer service center located that will service this account? Days/hours of operation? Is there a toll free number available for employee use?
3. Provide a sample service contract.
4. Will customized handling instructions be available at no extra charge? Will the client/broker have the ability to review and discuss reserves, settlements, subrogation and denials with the adjusters prior to the adjusters taking action?
5. Is an audit (performed by client and/or broker) of the physical paper files you administer for this client available at no extra charge? Each respondent should clearly understand that whenever it is deemed appropriate, the City reserves the right to audit the claim records, and/or to request their broker review the files on their behalf.
6. Do you offer performance guarantees? If so, please describe.
7. What is your organization's client retention rate?
8. Please comment on your ability to attend meetings (outside of claim reviews) to discuss issues that may arise for both parties and any additional fees associated with such meetings.
9. Memorandum of Understanding: A memorandum of understanding representing file/adjuster ratios, use of outside vendors and other agreed upon standards will be added to the contract and signed by both parties. Please acknowledge this in your proposal.

## **III. CLAIM PROCESSING**

1. What methods of claim reporting are available to the client (internet, email, fax, 1-800 phone number)?
2. Will you provide acknowledgments of new losses to the client and the broker upon receipt of a new claim? If so, how are the acknowledgments provided (fax, email, regular mail)?
3. Will you be responsible for filing all State loss notices/forms at no additional charge?
4. Must your adjusters adhere to 24-hour three point contact?

5. Please describe the frequency, content, and method of delivery for any status reports that are generated to the client/broker throughout the life of a claim.
6. Do you copy the client/broker on any reports sent to the excess carrier?
7. Do you have a RMIS system which provides access to adjuster file notes, and the ability to run reports/generate loss runs? How frequently is the data in your system updated? Are there any charges for the client or broker access to this system? Do you provide training to use this system for no additional charge?
8. Do you provide loss control or is this outsourced? What fees are associated with loss control?
9. Please comment on the flexibility to structure your program to include the customer's preferred vendor arrangements, and allow for future changes as they arise. Should your organization bundle services, please outline the nature and scope of those relationships and provide details on the same.
10. Please provide a detailed description of your subrogation/recovery program. Is there a separate fee/does your organization take a percentage of the Special Funds recovery? Does your organization have a separate subrogation department? If so, please advise of its location and if any fee/percentage of recovery is taken.
11. Special Investigation Unit (SIU): Please describe any services associated with fraud detection. Does your TPA use an SIU unit? Specify any additional fees and an overview of the fraud investigations.
12. On-site Medical/Vocational Rehabilitation/Case Management Services: Describe the options available to deliver these services. Are these services located in one of your offices? Are services provided on-site or telephonic? A description of the pricing and how these fees are managed must be included. Also advise if the City has the option to choose such services. Do your adjusters have access to in-house nurses, physician advisors?
13. Do you use a Pharmacy Benefit Manager? List any fees associated with this.
14. Describe your utilization review efforts and any associated costs.
15. Are claim estimates/reserves automated or are they based upon adjuster experience?
16. What is your organization's reserving philosophy? How often are reserves reviewed and by whom?



17. Please describe your litigation management program and how legal expenses are monitored. Do you require budgets from defense counsel? What type of reports are defense counsel required to provide when they are assigned to a file? Does the client have a choice of defense counsel? Provide an example of the format your adjusters follow when providing instructions to defense counsel prior to a hearing.

#### **IV. PRICING**

1. All fees associated with this account for loss runs, claims reviews, all state reporting, any excess carrier reporting, claims adjusting, ISO indexing, claims notes information viewing, data fees and report fees are assumed included in the individual claim fee. Comments should be made if additional fees are required for any of the above services.
2. Attach a detailed schedule, which itemizes all aspects of the services outlined in this questionnaire. Also identify which of these costs would be a one-time charge for set-up, implementation or similar. In addition to the above, please outline whether there would be any other start-up / conversion or termination costs. For how long will you guarantee this fee schedule? Is there a minimum amount of time you would require as part of the contract term? In addition to the above responses, please identify any other service, activity or fee not covered (i.e., postage, handling, supplies, servicing, etc.) that would be a potential cost for the City.
3. Any contracts with outside vendors that will work on the account must be disclosed in your proposal. Any fee exchanges between the TPA and the vendor should be outlined in the proposal. The City will retain the right to approve any associated vendor that is in any way involved on the account.
4. Describe the process used for medical bill review and describe if there are any fees to the City. Please provide options of per bill, per line, or percentage of savings and the City's ability to change any vendor or arrangement. Outline any fee sharing arrangements between your organization and your vendors which may be described as system access or partnerships.
5. Address tape transfer fees.
6. Describe banking arrangements, how claims payments are made and reimbursed, and how TPA fees are paid. Please include who is the recipient of interest on the account while funds are held for claims payments. Are there any banking fees? If so, please describe.

## **V. STAFFING/OPERATIONS**

1. Please provide the following:
  - Number of full time adjusters assigned to this account.
  - Ratio of supervisors to adjusters.
  - Do supervisors have a caseload?
  - Will there be separate adjusters for medical only and lost time cases?
  - Caseload for medical only adjuster(s)?
  - Caseload for lost time adjuster(s)?
  - Caseload for liability adjuster(s)
  - Will WC adjuster also handle Liability cases?
  - Description of clerical and other support staff for each adjuster.
  - Description of your internal audit and quality assurance process.
  - What is your organization's current employee retention rate?
  - What is the average number of years experience for your organizations lost time adjusters?
  - What is the tenure at the company staff assigned to the City's account?
2. Describe the supervisory involvement in claims management including nature of cases and frequency of internal audits. What is the minimum frequency of the supervisor's review of claims?
3. Please provide additional descriptions of your claims operations. Submit your Claim Standards and describe if your organization has internal/external audits and frequency of those audits. Include your guidelines on standards for adjuster entry of claim file notes. What systems are in place to ensure your adjusters stay on diary? What aspects of claim handling does your organization routinely measure?

## **VI. Information Systems Capabilities and Hardware**

1. Describe the hardware platform and software system you use to administer all aspects of Workers' Compensation. Was the software developed internally, leased, or bought from another provider? Describe the software's flexibility for customization.
2. Include in your proposal if you are scanning all the paper in your information system, or if this is a goal for your organization and the anticipated timeline. Are you keeping a paper file, and do defense attorneys have access to all documents in your possession? Describe how defense attorneys secure the claim file from you.
3. Comment on your ability to allow the City to review and interact in adjuster claim notes and any associated fees. Does the system allow for client entered notes?
4. Provide a sample copy of your firm's Loss Run that will be available to the client. Report any and all additional fees associated with access to your information system.

5. Are internal controls of your recordkeeping system audited by an independent accounting firm on an annual or more frequent basis? If so, what were the most recent results?
6. Address the time commitment to transfer data should the contract be awarded to you. Describe the role you will take should data not be transferred in a timely fashion by the incumbent. Additionally, describe your policy and responsibility to ensure that data is transferred appropriately.

## **VII. Administration of Prior Claims**

1. Please fully describe your proposed program for taking over the administration of the open files administered by the incumbent.
2. What is expected from the present administrator?
3. What is expected from the City of Durham?
4. What will the impact be on our claimants?
5. What will the impact be on any vendors (physicians, defense counsel) with regard to the processing of bills?
6. Will there be any charges for transition activities? If yes, please describe.
7. How long will the transition take?

## **VIII. Termination of Services**

1. How many days notice are required to terminate your services?
2. What procedures would be followed upon termination of your services?
3. What happens with claim files and access to RMIS should your services be terminated?

## **IX. Account Transition**

Describe, in detail, the transition services you would provide and include as a separate section in your proposal. Transition services should include discussion of the following areas:

1. Any previous experience taking over as new TPA
2. Development of transition plan and transition plan time line
3. Key contacts at the TPA; definition of transition responsibilities
4. Plan for communication between existing TPA to the new TPA

5. Plan for how your firm will establish data transfer protocols, file accounting for open and closed claims, and mail delivery procedures.
6. How you will oversee data conversion, coding, excess reporting needs and compliance
7. Coordination of notification letters from the prior and new TPA to vendors, defense counsel and claimants
8. Coordination of mail delivery post-transition
9. Providing transition status reports to Risk Management Division
10. Does the company have experience transitioning data/files from other proprietary RMIS systems? If so, what other RMIS systems has the company performed successful data transfers?

**The City reserves the right to accept or reject any or all proposals and to waive all informalities.**

#### **ASSIGNMENT / SUB-CONTRACTING**

Any subsequent contract for this program awarded by the City cannot be assigned in whole or in part by the successful TPA without the express written consent and authorization of the City.

#### **TERMINATION**

The City reserves the right to terminate the contract with a minimum of sixty (60) days written notification if the successful TPA does not perform in accordance with the terms, conditions and quality as outlined in these specifications.

#### **HOLD HARMLESS**

The TPA shall indemnify, hold harmless, and defend with competent counsel the City, officers, agents, employees, constituents and guests from and against any and all claims, causes of action, loss, liability, judgment, expenses or costs, (including reasonable attorney's fees), and damages, arising out of successful performance or non-performance of the contract to provide the services as outlined in this solicitation. Under no circumstances will the City or any of its officers, agents, employees, constituents or guests be liable for any loss whatsoever, including injury to person, death, or damage to property suffered by the successful TPA or any third person as a consequence of any negligent or intentional act or omission or other culpable conduct of the TPA, its agents, servants, or employees.

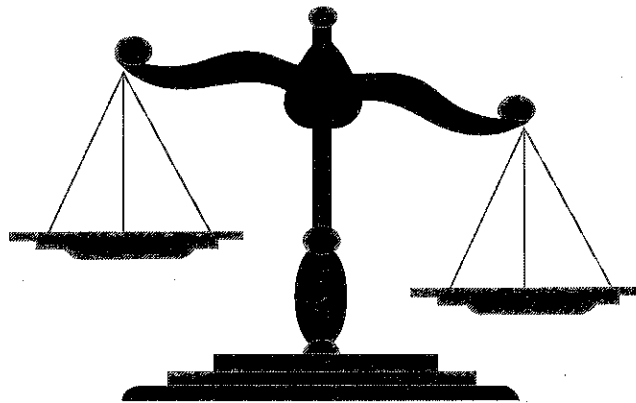
**1. Attachment A – Equal Business Opportunity Ordinance**



**CITY OF DURHAM  
SMALL DISADVANTAGED BUSINESS  
ENTERPRISE PROGRAM**

**PROFESSIONAL SERVICES FORMS**

**Revised 06/08**



**Mailing Address:**

**101 City Hall Plaza  
Durham, North Carolina 27701  
Phone: 919-560-4180  
Facsimile: 919-560-4513**

**Street Address:**

**302 East Pettigrew Street, C-180  
Durham, North Carolina 27701**

*The Department of Equal Opportunity/Equity Assurance  
Good Things Are Happening In Durham*

## **CITY OF DURHAM EQUAL BUSINESS OPPORTUNITY PROGRAM**

### **Policy Statement**

It is the policy of the City to provide equal opportunities for City contracting to small firms owned by socially and economically disadvantaged persons doing business in the City's Contracting Marketplace. It is further the policy of the City to prohibit discrimination against any firm in pursuit of these opportunities, to conduct its contracting activities so as to prevent such discrimination, to correct the present effects of past discrimination and to resolve complaints of discrimination.

### **Goals**

To increase the dollar value of all City contracts for goods and services awarded to small disadvantaged business enterprises, it is a desire of the City that the contractor will voluntarily undertake efforts to increase the participation of socially and economically disadvantaged individuals at higher skill and responsibility levels within non-minority firms engaged in contracting and subcontracting with the City.

The Equal Opportunity/Equity Assurance Director shall establish project specific goals for each project or contract based upon the availability of small disadvantaged business enterprises (SDBE's) within the defined scope of work, delineated into percentages of the total value of the work.

**Equal Business Opportunity Ordinance**  
**SDBE Participation Documentation**

If applicable information is not submitted with your proposal, your proposal will be deemed non-responsive.

**Declaration of Performance** must be completed and submitted with your proposal.

**SDBE Participation Documentation** must be used to document participation of Small Disadvantaged Business Enterprise (SDBE) on Professional Services projects. All SDBEs must be certified by the City of Durham's Equal Opportunity/Equity Assurance Department prior to submission date. If a business listed has not been certified, the amount of participation will be reduced from the total utilization.

**Managerial Profile** must be used to list the managerial persons in your workforce who will be participating in this project.

**Equal Employment Opportunity Statement** for your company must be completed and submitted with your proposal.

**Employee Breakdown** must be completed and submitted for the location providing the service/commodity. If the parent company will be involved in providing the service/commodity on the City contract, a consolidated employment breakdown must be submitted.

**Letter of Intent to Perform as a Sub-consultant/Subcontractor** must be completed for SDBEs proposed to perform on a contract. This form must be submitted with the proposal.

**Post Proposal Submission SDBE Deviation**

Post proposal submission SDBE deviation participation documentation must be used to report and deviation from SDBE participation either prior to or subsequent to startup of the project.

The Equal Opportunity/Equity Assurance Department must be notified if the proposed sub-consultant/subcontractor is unable to perform and for what reasons. Substitutions of sub-consultants/subcontractor, both prior to and after awarding of a contract, are subject to City approval.

**SDBE Goals Not Met/Documentation of Good Faith Efforts**

It is the responsibility of consultants/contractors to make good faith efforts. Good Faith Efforts means the sum total of efforts by a particular business to provide equitable participation of socially and economically disadvantaged employees and sub-consultants/subcontractors.

Whenever contract alternatives, amendments or extra work orders are made individually or in the aggregate, which increase the total value of the original contract, the consultant must make a good faith effort to increase SDBE participation such that the amounts subcontracted are consistent with the established goals.

**SELECTION OF CONSULTANTS/CONTRACTORS  
FOR ARCHITECTURAL/ENGINEERING  
AND OTHER PROFESSIONAL SERVICES**

**Goal**

The purpose is to provide Small Disadvantaged Businesses equal opportunities for participation on City of Durham contracts.

**Definition of the Scope of the Selection Policy**

The Equal Opportunity/Equity Assurance Director shall establish SDBE participation goals for each contract to be awarded by the City. Project specific goals for each project or contract will be based upon the availability of small disadvantaged business enterprises (SDBE's) within the defined scope of work, delineated into percentages of the total value of the work.

In addition to SDBE's specifically certified by the City and listed in a database maintained by the EO/EA Department, the City of Durham may consider a formal certification of another entity to determine whether an applicant meets requirements of the Equal Business Opportunity Program, provided that the City Manager or designee determines that the certification standards of such entity are comparable to those of the City. The City of Durham has determined that the following certifications are comparable to its own and may be used by bidders/proposers: North Carolina Department of Transportation (N.C. DOT), United States Small Business Administration (U.S. SBA) and Raleigh-Durham Airport Authority (RDU).

In lieu of SDBE's listed in its SDBE System, the City of Durham will accept women and minority firms certified by N.C. DOT, U.S. SBA and RDU as meeting its SDBE goal requirements provided the bidder/proposer submits evidence that the firm is currently certified by one of the stated entities at the time of bid/proposal. Failure to provide evidence of certification may disqualify the firm's participation for the purpose of meeting SDBE goals.

Any firm submitted in this manner will be contacted and urged to complete an abbreviated certification process with the City of Durham. For purposes of this document and associated forms, any reference to a "City Certified SDBE," an "SDBE certified by the City" or similar reference shall include reference to a qualified women or minority owned firm certified and approved in accordance with the above paragraphs, even where specific reference is made to the City SDBE database.

**Small Disadvantaged Business Proposal Requirements**

The prime consultant/contractor shall submit a proposal in accordance with the City of Durham's request for Proposal. In addition, the prime consultant/contractor must submit all required Professional Services SDBE Forms.



### **Selection Committee for Professional Services**

A selection committee shall be established to be composed of the following: City Manager or a designated representative of this office; Director of Finance or a designated representative of this office; department head responsible for the project; City Engineer if engineering services are involved; the Equal Opportunity/Equity Assurance Director and Purchasing Manager. Other representatives shall be called upon as needed based on their areas of expertise.

The committee shall screen the proposals based on the following criteria:

1. Firms; interest in the project;
2. Current work in progress by firm;
3. Past experience with similar projects;
4. General proposal for carrying out the required work;
5. Designation of key personnel who will handle the project, with resume for each;
6. Proposed associate consultants/contractors, SDBE subconsultants;
7. Indication of capability for handling project;
8. Familiarity with the project;
9. Fees that have been charged for recent comparable projects;
10. References;
11. SDBE Participation; and
12. Documentation of Good Faith efforts.

After ranking the firms presenting proposals based on the above criteria, interviews will be conducted by the selection committee with the top ranked firms (3-5). The contracting department will make the final recommendation, prepare contracts for review by the City Attorney, and prepare the recommendation for the City Council including the following:

1. Description and scope of the project;
2. Recommended firm;
3. Contract cost;
4. Time limits;
5. Basis for selection;
6. Source for funding;
7. Equal Business Opportunity Ordinance compliance; and
8. Recommendation that the contract be approved by the City Council.

### **Contract Award**

A provision must be written in each contract with an architect or engineer requiring them to work with Equal Opportunity/Equity Assurance Department in creating and identifying separate work.

## **Project Evaluation**

An evaluation shall be made of each contract after its completion to be used in consideration of future professional services contracts. The evaluation shall cover appropriate items from the check list for ranking applicants. A copy of the evaluation shall be given to the consultant, and any comment he/she cares to make shall be included in the files.

## **DECLARATION OF PERFORMANCE BY CONSULTANT/CONTRACTOR**

Briefly address each of the following items:

1. A brief synopsis of the company and the products/services it provides:
2. Describe the normal procedure used on a bid of this type, giving the flow of purchase from the company to the ultimate purchaser:
3. List anyone outside of your company with whom you will contract on this bid:

The undersigned consultant/contractor certifies that: (check appropriate box)

- a) \_\_\_\_\_ It is the normal business practice of the consultant/contractor to perform all elements of the contract with its own workforce without the use of subcontractors/vendors; and
- b) \_\_\_\_\_ That the above documentation demonstrates this firm's capabilities to perform all elements of the contract with its own work force or without the use of subcontractors/vendors.
- c) \_\_\_\_\_ The vendor/contractor will use a subconsultant(s) in the fulfillment of this scope of work.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

**PARTICIPATION DOCUMENTATION**  
**(TO BE COMPLETED BY PRIME CONSULTANT/CONTRACTOR ONLY)**

**Names of all firms  
 Project (including  
 prime and  
 subconsultants/sub-  
 contractors)**

**Location**

**SDBE  
 Firm  
 Yes/No**

**Nature  
 of  
 Participation**

**% of Project  
 Work**


**TOTAL** \_\_\_\_\_

\_\_\_\_\_  
**Name - Authorized Officer of Prime Consultant/Contractor Firm (Print/Type)**

\_\_\_\_\_  
**Signature - Authorized Officer of Prime Consultant/Contractor Firm**

\_\_\_\_\_  
**Date**

### Managerial Profile

Name of Firm: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

List the managerial persons in your work force who will be participating in this project, including name, position, and whether the individuals are minority or woman within the definition\* of the City of Durham's Equal Business Opportunity Ordinance.

### Managerial Employees

NAME	POSITION	SOCIALLY/ECONOMICALLY DISADVANTAGED*
		(YES/NO)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* M-Minority(African American)    W-Woman    Other-H-Hispanic, AI-American Indian, AS-Asian American, Handicapped

**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**  
**(You may submit your organization's EEO policy in lieu of this sheet)**

### Letter of Intent to Perform as a Sub-Consultant

The undersigned intends to perform work in connection with the above project as a SDBE:

Minority (African American)

Woman

Hispanic

American Indian

Asian American

Handicapped

The SDBE status of the undersigned is certified by the City of Durham as identified by the attached copy of certification or the attached SDBE Contractor Identification List supplied by the EO/EA Department.

The undersigned is prepared to perform the following described work in connection with the above project (specify in detail particular work items or parts thereof to be performed):

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows:

<u>ITEMS</u>	<u>PROJECTED COMMENCEMENT DATE</u>	<u>PROJECTED COMPLETION DATE</u>

The consultant will subcontract \_\_\_\_\_% of the dollar value of this contract to a SDBE subconsultant/subcontractor.

The undersigned will enter into a formal agreement in the amount of \$\_\_\_\_\_ for the above work with you, conditioned upon your execution of a contract with the City of Durham.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

## REQUEST TO CHANGE SDBE PARTICIPATION

Project: \_\_\_\_\_  
Name of bidder or consultant: \_\_\_\_\_  
Name and title of representative bidder or consultant: \_\_\_\_\_  
Address (including zip code): \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Total amount of original contract, before any change orders or amendments: \_\_\_\_\_  
Total amount of the contract, including all approved change orders and amendments to date, but not counting the changes proposed in this form: \_\_\_\_\_  
Dollar amount of changes proposed in this form: \_\_\_\_\_  
The proposed change (*check one*)    ☐ **increases**    ☐ **decreases**    the dollar amount of the bidder's/consultant's contract with the City.  
Does the proposed change decrease the SDBE participation? (*check one*)    ☐ **yes**    ☐ **no**  
If the answer is **yes**, complete the following:

**BOX A. For the subcontract proposed to be changed (increased, reduced, or eliminated):**

Name of subconsultant: \_\_\_\_\_  
Goods and services to be provided before this proposed change: \_\_\_\_\_  
Is it proposed to eliminate this subcontract?    ☐ **yes**    ☐ **no**  
If the subcontract is to be increased or reduced, describe the nature of the change (*such as adding \$5,000 in environmental work and deleting \$7,000 in architectural*): \_\_\_\_\_

Dollar amount of this subcontract before this proposed change: \_\_\_\_\_  
Dollar amount of this subcontract after this proposed change: \_\_\_\_\_  
This subconsultant is (*check one*):  
☐ 1. City-certified Black-owned SDBE  
☐ 2. City-certified Women-owned SDBE  
3. City-certified SDBE that is neither Black-owned nor women owned, but to be credited as  
3(a) ☐ Black-owned SDBE    3(b) ☐ Women-owned SDBE  
☐ 4. not a City-certified SDBE

**BOX B. Proposed subcontracts other than the subcontract described in Box A above**

Name of subcontractor for the new work: \_\_\_\_\_  
Goods and services to be provided by this proposed subcontract: \_\_\_\_\_  
Dollar amount proposed of this proposed subcontract: \_\_\_\_\_  
This subcontractor is (*check one*):  
☐ 1. City-certified Black-owned SDBE  
☐ 2. City-certified women-owned SDBE  
3. City-certified SDBE that is neither Black-owned nor women owned, but to be credited as  
3(a) ☐ Black-owned SDBE    3(b) ☐ Women-owned SDBE  
☐ 4. not a City-certified SDBE

*Add additional sheets as necessary.*



**SDBE GOALS NOT HAVING BEEN MET. The following information must be presented by the consultant concerning good faith efforts taken.**

It is the responsibility of consultants to make good faith efforts. Any act or omission by the City shall not relieve them of this responsibility. For future efforts, it shall be comprised of such efforts which are proposed to allow equitable participation of socially and economically disadvantaged employees and sub-consultants/subcontractors. The City Manager shall apply the following criteria, with due consideration of the quality, quantity, intensity and timeliness of efforts of consultants/contractors, in determining good faith efforts to engage SDBEs along with other criteria that the City Manager deems proper:

Name of Bidder: \_\_\_\_\_

*If you find it helpful, feel free to attach pages to explain your answers. **How many pages is your firm attaching to this questionnaire?** \_\_\_\_\_ (Don't count the 2 pages of this questionnaire.)*

*If a yes or no answer is not appropriate, please explain the facts. All of the answers to these questions relate only to the time before your firm submitted its bid or proposal to the City. In other words, actions that your firm took after it submitted the bid or proposal to the City cannot be mentioned or used in any answers.*

**1. SOLICITING SDBEs.**

- (a) Did your firm solicit, through all reasonable and available means, the interest of all SDBEs Certified (that is, in the City's database) in the scope of work of the contract? ☐ **yes** ☐ **no**
- (b) In such soliciting, did your firm advertise? ☐ **yes** ☐ **no** Are you attaching copies to this questionnaire, indicating the dates and names of newspaper or other publication for each ad if that information is not already on the ads? ☐ **yes** ☐ **no**
- (c) In such soliciting, did your firm send written (including electronic) notices or letters? Are you attaching one or more sample notices or letters? ☐ **yes** ☐ **no**
- (d) Did your firm attend the pre-bid conference? ☐ **yes** ☐ **no**
- (e) Did your firm provide interested SDBEs with timely, adequate information about the plans, specifications, and requirements of the contract? ☐ **yes** ☐ **no**
- (f) Did your firm follow up with SDBEs that showed interest? ☐ **yes** ☐ **no**
- (g) With reference to the SDBEs that your firm notified of the type of work to be subcontracted, did your firm tell them:
  - (i) the specific work your firm was considering for subcontracting? ☐ **yes** ☐ **no**
  - (ii) that their interest in the contract is being solicited? ☐ **yes** ☐ **no**
  - (iii) how to obtain and inspect the applicable plans and specifications and descriptions of items to be purchased? ☐ **yes** ☐ **no**

## **2. BREAKING DOWN THE WORK.**

- (a) Did your firm select portions of the work to be performed by SDBEs in order to increase the likelihood that the goals would be reached? ☐ **yes** ☐ **no**
- (b) If **yes**, please describe the portions selected. **ANSWER:**

## **3. NEGOTIATION.** In your answers to 3, you may omit information regarding SDBEs for which you are providing Form E-105.

- (a) What are the names, addresses, and telephone numbers of SDBEs that you contacted?  
**ANSWER:**
- (b) Describe the information that you provided to the SDBEs regarding the plans and specifications for the work selected for potential subcontracting. **ANSWER:**
- (c) Why could your firm not reach agreements with the SDBEs that your firm made contact with? Be specific. **ANSWER:**

## **4. ASSISTANCE TO SDBEs ON BONDING, CREDIT, AND INSURANCE.**

- (a) Did your firm or the City require any subcontractors to have bonds, lines of credit, or insurance?  
☐ **yes** ☐ **no** (Note: In most projects, the City has no such requirement for *subcontractors*.)
- (b) If the answer to (a) is **yes**, did your firm make efforts to assist SDBEs to obtain bonds, lines of credit, or insurance? ☐ **yes** ☐ **no** If **yes**, describe your firm's efforts. **ANSWER:**
- (c) Did your firm provide alternatives to bonding or insurance for potential subcontractors?  
☐ **yes** ☐ **no** If **yes**, describe. **ANSWER:**

## **5. GOODS AND SERVICES.** What efforts did your firm make to help interested SDBEs to obtain goods or services relevant to the proposed subcontracting work? **ANSWER:**

## **6. USING OTHER SERVICES.**

- (a) Did your firm use the services of the City to help solicit SDBEs for the work? ☐ **yes** ☐ **no**  
Please explain. **ANSWER:**
- (b) Did your firm use the services of available minority/women community organizations, minority and women contractors' groups, government-sponsored minority/women business assistance agencies, and other appropriate organizations to help solicit SDBEs for the work? ☐ **yes** ☐ **no** Please explain. **ANSWER:**

# EMPLOYEE BREAKDOWN

## Part A – Employee Statistics for the Primary Location

Employment Category	Total Employees	Total Males	Total Females	MALES					FEMALES				
				White	Black	Hispanic	Asian or Alaskan Islander	Indian or Alaskan Native	White	Black	Hispanic	Asian or Pacific Islander	Indian or Alaskan Native
Project Manager													
Professional													
Labor													
Clerical													
Totals													

## Part B – Employee Statistics for the Consolidated Company (See instructions for this form on whether this part is required.)

Employment Category	Total Employees	Total Males	Total Females	MALES					FEMALES				
				White	Black	Hispanic	Asian or Alaskan Islander	Indian or Alaskan Native	White	Black	Hispanic	Asian or Pacific Islander	Indian or Alaskan Native
Project Manager													
Professional													
Labor													
Clerical													
Totals													

EEO-1 Report may be submitted in lieu of this form